



# California's Health

Vol. 17, No. 8 • Published twice monthly • October 15, 1959

## PRESENT STATUS OF SHORT-DOYLE ACT

EDWIN RUDIN, M.D., Chief, State-Local Mental Health Services, California State Department of Mental Hygiene

The Short-Doyle Act has been in effect almost two years. Within three months of its becoming law, seven counties and one city had approved programs. During the fiscal year 1958-59, four more counties developed approved programs. By July 31, 1959, one month after the 1959-60 fiscal year began, programs had been approved in Alameda, Contra Costa, Kern, Los Angeles, Monterey, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Sonoma, and Ventura Counties and in San Francisco City and County and the City of San Jose. The City of Santa Monica had appointed an official local mental health advisory board, as required by the act, and had set aside local funds for a program, although no program was yet submitted. Fresno, Santa Barbara, San Diego, Marin, and Placer Counties had established official advisory boards to study local implementation of the act.

In a number of cities and counties, study groups were active in exploring and defining local mental health needs. Noteworthy among these communities were Berkeley, Los Angeles City, Pasadena, Long Beach, Pomona and the cities in its immediate neighborhood, and the counties of El Dorado, Humboldt, Inyo, Orange, San Benito, San Bernardino, San Luis Obispo, Sacramento, Shasta, and Stanislaus.

During the fiscal year 1958-59, \$2,560,879 was budgeted by local communities for programs which would receive an estimated \$1,244,219 back from the State as Short-Doyle Act reimbursement. About 29 percent of the State's population lived in these communities. With an increase

in state reimbursement funds of \$868,781 and the addition of Los Angeles County in July of the present fiscal year, an estimated 69 percent of the State's population were in communities served by such mental health programs.

### Programs Under Way

As of June 30, 1959, the close of the 1958-59 fiscal year, the programs under the Short-Doyle Act were operating 14 outpatient clinics, 163 inpatient beds, 3 rehabilitation services, 8 educational services, and 12 consultation services—a total of 42 services. Although this number has since increased, current tabulations are not yet available. All programs on June 30, 1959, provided psychiatric consultation to nonpsychiatric public agencies. Three programs provided only two types of service each, six programs provided three types of service each, one program provided four types of service, and two programs provided all five of the reimbursable services.

The law allows for the program administrator to be a health officer, a county hospital medical superintendent, or a psychiatrist-director. The health officer had been selected by seven communities, in two of which the health officer was also the medical superintendent of the county hospital. The hospital superintendent had been selected by three communities, and a psychiatrist-director by two communities.

This range as to program emphasis, extent of service, and type of administration reflects the flexibility of the law and the way this flexibility has been used to meet special local situa-

tions. Some areas focused on public health-oriented prevention and early case finding; others emphasized clinical services for the psychiatrically disabled.

The two health officers who were also county hospital superintendents administered large mental health programs in which clinical services received far more attention and support than did the indirect services, consultation and education. One of the five other health officers who were mental health directors provided indirect services only. This was in the sole municipal program (San Jose). The others had indirect services and outpatient clinic services under their direction, and most oriented their outpatient service to diagnostic services and short-term treatment.

The three hospital superintendents who were mental health administrators represented a range of emphases. One provided for education and consultation services only; no direct services to patients. Another operated inpatient and outpatient services and consultation services which were almost entirely individual case-oriented. The third operated an extensive service in which there was an earnest effort to balance the direct and the indirect services.

One of the two counties which planned for a psychiatrist-director had not begun operating. Its plan called for an outpatient clinic orientation with related consultation services. The other program under psychiatrist direction engaged in basically an outpatient clinic program—one in which education and consultation was a recognized responsibility,

but in which diagnosis and (brief) treatment were primary.

Conspicuously absent were well-conceived rehabilitation services. What few rehabilitation services were provided were of an outpatient evaluation and counseling type. There was minimal consultation with Department of Mental Hygiene personnel about patients on leave from state hospitals and only beginnings of planning for co-ordination of state and local services for former state hospital patients. Broader programs to help patients make the transition from hospital to community, to provide maintenance care, and to promote social and vocational restoration had not developed by June 30, 1959.

#### Contract Services Permitted

The Short-Doyle Act permits contracting with private facilities for services, the costs of such contracts being reimbursable. In 1958-59 only two contract services were involved: one to provide outpatient services (including rehabilitation) and consultation along with the services of a program chief, and the other to provide qualified mental health personnel to supervise others in mental health education and consultation and to provide such psychiatric consultation directly. Plans for 1959-60 call for a marked increase in the use of contracts—especially to provide outpatient clinic services. In part, this is an attempt to meet the overwhelming community demand for outpatient services. It is hoped that tax support for privately operated clinics will permit these clinics to expand their services.

#### Shortage of Qualified Personnel

One problem which immediately imposes itself on such hopes is the shortage of qualified professional personnel. While the overall number of vacancies in local programs has not been great, the vacancies have existed in vital positions—such as those of psychiatrist-director and program chief (psychiatrist). Beginnings were made to develop certain personnel clearinghouse functions in the Department of Mental Hygiene, but the department was not able to engage in planned and aggressive recruiting for local programs, and efforts to increase the number of persons entering the mental health field were sporadic and insignificant.

Related to this general personnel shortage is the specific shortage of

clinicians with a preventive or public health point of view and experience and a shortage of public health-oriented personnel with clinical experience and perspective. In August, 1958, the Department of Mental Hygiene conducted a three-day conference at the University of California in an effort to identify these problems and initiate planning for their solution. The conferees came from the "suppliers" (medical schools, schools of nursing, graduate schools of social work and psychology, colleges training ancillary mental health personnel, hospitals with psychiatric residencies, and field training units) and the "consumers" (Short-Doyle programs and Department of Mental Hygiene). One of the conclusions of the conference was that inservice training programs should be started immediately to improve the skills of presently available personnel. The Department of Mental Hygiene was charged with responsibility for planning and developing such training, even while individual "consumers" increased their own inservice training activities.

In January, 1959, under the leadership of the San Jose Short-Doyle program, a one-day conference on mental health consultation was conducted in San Jose. Short-Doyle program personnel and representatives from the Department of Mental Hygiene and the Department of Public Health were invited. This was an attempt to examine the issues in providing mental health consultation, to define this service, to recognize its strengths and limitations—generally to enhance skills in providing such consultation. Another meeting on the subject of consultation was sponsored by the Department of Mental Hygiene in Stockton in May, 1959, to which were invited representatives from the Short-Doyle programs, the Department of Mental Hygiene, and community leaders in mental health in the northern part of the State. Dr. Gerald Caplan, Associate Professor of Mental Health, Harvard University, presented his views on preventive psychiatry and mental health consultation at two general sessions that day. The content of his presentations was discussed by small groups of workshop participants.

#### Directors Conference

The Short-Doyle Act provides for a Conference of Local Mental Health Directors to work with the Depart-

ment of Mental Hygiene in establishing pertinent standards, rules and regulations. In November, 1958, Dr. W. Elwyn Turner, Mental Health Director of Santa Clara County, was elected the first president of this group. An executive committee, a records and statistics committee, and a personnel and training committee were established. In the two meetings of this conference thus far conducted much information was exchanged about operating procedures and problems and the department's goals as these might affect local programming, but no new regulations were developed.

The 1959 Session of the State Legislature passed only three amendments to the act. The two relatively minor ones were signed into law by the Governor; the third, increasing the state reimbursement, was vetoed by the Governor. One amendment enacted provided for an attorney selected by the local superior court judges to be a member of the local mental health advisory board as a substitute for appointment of a superior court judge. The other amendment enacted assured that meetings of the advisory board would be announced, public meetings.

#### Evaluation

A statistical collection system was developed in 1958-59 which should provide such data about patients and services as are necessary for continuing evaluation of programs and of the problems of mental illness, emotional disturbance, and mental retardation. Clinical data, patient descriptions, types of service offered, and effectiveness of treatment are being reported. Correlations with other demographic information should permit sounder planning in the future. The data collected also provide some quantitative measure of indirect services, but qualitative measures are sadly deficient.

Our brief experience with this act has indicated that the hopes for it to encourage the development of mental health services intended to help conserve the mental health of the people of California were well-founded, but that many problems encumber these objectives. Co-ordinated, co-operative efforts by private citizens, local governments, medical groups and individuals, associations of the health and mental health professions, and state government and state agencies continue to be needed.

# REVIEWING RECORD SYSTEMS IN LOCAL HEALTH DEPARTMENTS

FLORENCE E. OLSON, M.P.H.

Associate Public Health Analyst, California State Department of Public Health

"Records are a vital part of every public health program" is a familiar saying to all of us, but we need to "take stock" periodically of records and record systems in local health departments.

In reviewing records and record systems, we need to ask some searching questions about every phase.

**The Basic Record Forms.** Does each record form have a specific purpose which is related to objectives and needs of the program(s)? Have principles of good forms design been applied to each record form?

**Collection of the Data.** Who fills out the record forms? When?

**Methods of Processing and Summarizing the Data.** A large volume of records or large number of items or complex reports may justify mechanical processing, but what is the most efficient way to produce the statistical information? Manually, by marginal punch card, or by machine methods? By whom is it to be done? Are necessary instructions and procedures written out?

**Analysis and Interpretation of the Data and Preparation of Reports, Tabular, Graphic and Narrative.** How are these to be used and by whom? Who has the major responsibility for preparation of each report?

**Routing and Filing of Records and Reports.** To whom does each one need to be routed for review for program action? Where should the records be filed in order to be readily accessible to all who need to use them?

**Ultimate Disposition of Each Record.** How long do the individual records need to be kept? Are there plans for destroying records when there is no further need for keeping them? What are the plans for storage of those that it is necessary to keep?

The record system should provide tools for the public health administrator and other staff to use in program planning, day to day operation of the program, and evaluation of the program in terms of the objectives, goals, and needs of the program. In general, one may say that the purposes of a record system in a public health department are to: (1) improve services to the individual or situation; (2) provide information for routine administrative guidance; (3) provide data to indicate effectiveness of the public health program.

The public health analyst or statistician, if there is one in the local health department, can be of considerable assistance in setting up, reviewing and revising a record system whether for ongoing programs or for special studies. However, to do this

most effectively not only the statistician but each member of the team needs to understand objectives, policies, and operating procedures. This means that several people should have responsibility in planning the records and in reviewing them. Too often a record form has been designed and the information is collected by one individual, and other people become involved only when someone is asked "to do something" with the data.

We also hear it said that public health professional personnel spend too much time on recordkeeping and that their time might be better expended in doing productive public health program work. With planned analysis and reviews of records and reports, professional personnel can often be relieved of part of the recordkeeping which can be done better by the clerical personnel. In addition, duplication in collection of information can be avoided and collection of information no longer being used can be stopped. It is usually easy to add items of information to be collected but difficult to stop the collection once it is started unless we stop to ask, "Is this information being used?" and "Is this record or report really necessary?"

During the last two decades a great deal of time and effort have gone into review and study of record systems. These studies have paid off in resultant simplification of the system and also in producing more meaningful statistical information for public health staff members to use. Such reviews can best be carried out by the team approach, the team to include those concerned with the processing of the records as well as those directing the program and others concerned with the use of the information from the records.

Early efforts in the development of public health records emphasized the use of records for defining the problems and for recording activities, but there was little emphasis on the use of records and reports for evaluation of public health programs. Today there is much more emphasis on evaluation of public health activities in general.

To use information from record systems to evaluate a program, it is

necessary that the information will measure progress toward the goals of the program. Counts of staff activities, such as a number of nursing visits or sanitary inspections, describe how public health workers spend their time. This information, with units of time for the different types of activities, may be useful to the supervisor in helping the individual staff members or in budgeting, particularly if one is doing performance budgeting. However, these counts do not measure results of the program.

Reports are not always available to the administrator that are useful in measuring results unless they are planned for this purpose when setting up the record system. In measuring results the quantitative information obtained by the system should reflect service to the people and to the community and should be related to baseline data. For instance, in a tuberculosis program the baseline data may be the total population and

EDMUND G. BROWN, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

## STATE BOARD OF PUBLIC HEALTH

CHARLES E. SMITH, M.D., President  
San Francisco

MRS. P. D. BEVIL, Vice President  
Sacramento

DAVE F. DOZIER, M.D.  
Sacramento

L. S. GOERKE, M.D.  
Los Angeles

HARRY E. HENDERSON, M.D.  
Santa Barbara

ERROL R. KING, D.O.  
Riverside

HERBERT A. LINTS, M.D.  
Escondido

HENRY J. VOLONTE, D.D.S.  
Hillsborough

STEPHEN I. ZETTERBERG  
Clovermont

MALCOLM H. MERRILL, M.D.  
Executive Officer  
Berkeley

STATE DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH EDUCATION  
2151 BERKELEY WAY  
BERKELEY 4, CALIFORNIA

Requests for single copies or for placement on the mailing list may be made by writing to the above address.

Entered as second-class matter Jan. 25, 1949, at the Post Office at Berkeley, California, under the Act of Aug. 24, 1912. Acceptance for mailing at the special rate approved for in Section 1103, Act of Oct. 3, 1917.



the measure the number of persons screened in a minifilm program, if one is interested only in getting as many people screened as possible. If carried further and information is secured on how many of those screened were referred for large X-ray, how many received a large X-ray, how many were referred to the physician, how many referrals were completed, and how many were finally diagnosed as active tuberculosis and placed under treatment—this would give a measure of results related to the objective of the program of finding active cases and getting them under treatment.

An article in *Public Health Reports*, April 1959,<sup>(8)\*</sup> gives the types of information needed for service statistics used in studying the needs and achievements of tuberculosis programs. This is one of five documents on collection, analysis, and interpretation of service statistics completed by the Working Group on Service Programs of the Public Health Conference on Records and Statistics. All five have been published in *Public Health Reports* in the last three years.

A review of the literature shows that a number of places have recently been very much concerned with evaluation of programs in the field of environmental health. The departments visited indicated that they needed such information. In the *American Journal of Public Health*, April 1959, an article<sup>(10)</sup> by Doctor Getting, of the University of Michigan, points out the need of tools for such evaluation. He states that "Evaluation in environmental health means, as it does in all public health programs, the measurement of the attainment of specified objectives in a specified time and place. It means that the same measurements might be applied to the same program from time to time to measure progress against a given baseline."

Records and reports are a vital part of every public health program, record systems must be carefully planned and tailored to fit the program needs. Central control with review of records on a continuing and planned basis assures revision when necessary and allows for an integrated and co-ordinated record system for the health department. Such a system should be related to program objectives and goals and should give information needed for carrying

out the program, for measuring progress in relation to those objectives and goals, for furnishing a basis for future planning and for providing data required periodically by the general public and the appropriating bodies.

In working in the field of public health, we can all be sure we will be involved in one way or another with records and the reports compiled from the records. Some questions we might well ask as we become engaged in some of the aspects of recordkeeping in a health department are: Is the information collected and accumulated useful and is it actually used? Does the use justify the time and expense involved in the collection and processing of the information?

Does part of the statistical information reflect services to individuals, families, or environmental units? Can the measurements of service be related to baseline data? Or are activity counts being substituted for service statistics?

In order that only pertinent data be collected and that there be no duplication of effort or data, and that there be better understanding of the uses of the records, is our department using a committee for development, review and control of records, reports and related procedures?

#### BIBLIOGRAPHY

- (1) Public Health Records and Related Materials. U.S. Department of Health, Education and Welfare; Public Health Service Publication No. 612, U.S. Government Printing Office, Washington, D.C., 1958 (Collection of publications on records and reports).\*
- (2) Records and Reports of Local Health Departments. U.S. Department of Health, Education and Welfare; Public Health Service Monograph No. 15, U.S. Government Printing Office, Washington, D.C., 1953.
- (3) Freysinger, John J., and Hemphill, F.M., "The Use of Codes for Compiling Service Statistics." A. J. P. H., 46, 10—October, 1958.
- (4) Krause, Amalia G., and Vaughn, Irwin R., "Development, Application and Evaluation of the Wayne County Public Health Nursing System with an Analysis of the Statistical Method Used." A. J. P. H., 43, 10—October, 1958.
- (5) "Records and Measurements" abstract of A. P. H. A. Conference Report, Public Health Reports, 73, 3—March, 1958.
- (6) Erhardt, Carl, "Vital Statistics, Their Past and Future," A. J. P. H., 49, 2—February, 1959.

\* Fifteen articles which have appeared in Public Health Reports and Journal of American Public Health Association—1952-1956. These deal with many aspects of records and reports.

## Occupational Disease Reports Nearly Double Last Year

The number of reports of occupational disease attributed to pesticides and other agricultural chemicals the first six months of this year comes close to doubling the number recorded for the same period in 1958. Reports for the first half of the current year number 488, compared to 274 a year ago.

Crop production in California as elsewhere in the Nation is steadily increasing, despite the fact that acreage and manpower devoted to agriculture are dwindling. A major part of these production increases can be attributed to wider use of pesticides and other chemicals.

Many of these materials, however, are potentially hazardous and their widespread application creates a problem in ensuring the health and safety of the workers handling them.

Of particular interest this year has been the large number of reports of poisoning by organic phosphates. During June more than 70 reports of parathion poisoning were received from one county. There have been 30 reports of poisoning by Thimet, a new organic phosphate pesticide of relatively high toxicity which is used to treat cotton seeds.

The importance of occupational health services is reflected in the number of local health departments in California which now are conducting, or starting, such programs. Thirty-seven full-time and two part-time local health departments report they provide occupational health services or are drafting definite plans to do so. These jurisdictions cover 90 percent of the State's population and about 90 percent of the labor force. Ten years ago occupational health programs existed only in Los Angeles City and County.

- (7) Malamatinis, Jon E., and Westfall, Jones N., "Suggested Adaptation of a Marginal Punch Card Used for Recording Sanitation Activities in Ohio," unpublished report for the Ohio State Health Department, 1957.
- (8) "Basic Principles Governing Service Statistics in Public Health," Public Health Reports, 71, 6—June, 1956.
- (9) "Service Statistics for Tuberculosis Control Programs," Public Health Reports, 74, 4—April, 1959.
- (10) Getting, Vlado A., "Survey and Evaluation of Sanitation Services," A. J. P. H., 49, 4—April, 1959.

\* See Bibliography at end of article.

### Three Californians Convicted In Sale of Cancer Cure Device

Culminating two years of investigation and resulting court action, two men and one woman have been convicted in a San Francisco Municipal Court for violations of the California Pure Drugs Act relating to the advertising and sale of a cancer quack device. Emerson B. Hartman, a San Bernardino chiropractor, and Webster Billington, manufacturer of the device and a resident of Santa Ana, were granted two years' probation of which 90 days were to be served in jail, and fined \$250 on each of two counts as charged. Mrs. Golda Franzen, of San Francisco, whose main role was that of "screening" patients, was given a six-month suspended sentence, placed on two years probation and fined \$150 on each of two counts as charged. The defendants have appealed the case and posted an appeal bond.

The investigation carried out by the Bureau of Food and Drug Inspections over the past two years involved careful documentation of evidence in which patients had been diagnosed by Hartman as having cancer and then advised to purchase and use a "Film-O-Sonic" vibrator device, an audible sound ray machine. This device, principally an ordinary tape recorder with speakers replaced by grill pads, was made available through Mrs. Franzen or directly from Billington at prices ranging up to \$500. It was revealed that this device had been sold extensively in California and other states.

Investigators learned that diagnosis by the chiropractor varied from "cold shivers" in his finger nails or a "twitch" of his ring finger to cold hands as he passed them over the "pathology." He recommended that his patients read his book called "Professional Secrets for Doctors and Laymen," in which he recommended Billington's audible sound ray machine. One private investigator for the bureau, who had previously been examined by a roentgenologist and found to be free of any malignancy, was diagnosed by Hartman as having cancer of the stomach. She was then advised to purchase one of the machines, and did so for \$348.

Sections of the California Pure Drugs Act on which the convictions were based included Section 26280, relating to sale of a misbranded device, and Section 26286.5, advertising a device claiming to have an effect on cancer.

### \$15½ Million Allocated For Hospital Construction

State and federal matching funds totaling \$15,641,234 were allocated to 32 hospital and health center construction projects at the September 28-29 Los Angeles meeting of the department's State Advisory Hospital Council.

The funds, which represent two-thirds financing of the projects, were allocated to general, psychiatric and chronic hospitals, nursing homes, diagnostic and treatment centers, rehabilitation facilities, and public health centers.

By category, the funds were allocated as follows (the amounts represent total state-federal matching, with the project sponsors providing the other one-third):

**General.** Mono County Hospital, \$237,230; Intercommunity Hospital, Covina, \$1,033,480; Queen of the Valley Hospital, Covina, \$2,231,250; Antelope Valley Hospital, Lancaster, \$1,175,272; San Benito Hospital District, Hollister, \$659,802; Wheeler Hospital, Gilroy, \$689,264; Marin General Hospital, San Rafael, \$1,486,374; St. Jude Hospital, Fullerton, \$735,057; and Southern Monterey County Memorial Hospital, King City, \$573,280.

**Psychiatric.** Pacoima Memorial Lutheran Hospital, Pacoima, \$278,414; The Gateways, Los Angeles, \$580,420; St. Francis Hospital of Lynwood, \$360,328; St. Joseph Hospital, Orange, \$278,464; and Methodist Hospital of Southern California, Arcadia, \$100,732.

**Health Centers.** Monterey County, \$370,750; Sonoma County, \$211,090; Stanislaus County, \$293,406; Ventura County, \$285,550; and Los Angeles City, Western District, \$199,810.

**Chronic.** St. Francis Hospital of Lynwood, \$570,498.

**Nursing Homes.** Sharp Memorial Community Hospital, San Diego, \$279,400; West Contra Costa County Hospital District, San Pablo, \$279,400; St. Joseph's Nursing Home, Ojai, \$116,214; St. John's Hospital, Oxnard, \$139,062; Tulare Hospital District, Tulare, \$198,020; St. Agnes Hospital, Fresno, \$188,344; and Mercy Hospital, Sacramento, \$157,736.

**Diagnostic and Treatment Centers.** Monterey County Hospital, Salinas, \$131,516; and East Bay Children's Hospital, Oakland, \$384,806.

**Rehabilitation.** Casa Colina Rehabilitation Center, Pomona, \$216,056; Crystal Springs Rehabilitation Center, San Mateo, \$239,260; and Memorial Hospital of Long Beach, \$265,804.

"The goal of eradication of tuberculosis, ephemeral as it may be, will not even appear on the horizon until the perspective of both national and worldwide control is understood by every community, no matter how small."—*Theodore L. Badger, M.D., This Week (Mass.), Vol. 8, No. 30.*

### Review of Public Health Legislation

Of the hundreds of acts passed by the Legislature at its 1959 session, 43 relate to public health. Some of the most significant, most of which are already in effect, are reviewed here. Health Officers have copies of most bills, and copies of any bill may be obtained free of charge by writing to the Legislative Bill Room, State Capitol Building, Sacramento.

#### Cancer Control

The creation of a Cancer Advisory Council in the Department of Public Health is provided for in **Senate Bill 194**. This act also prohibits any person from treating cancer with drugs, surgery, or radiation, who has not been properly licensed by the State.

**SB 267** appropriates \$39,000 to the department for the regulation and control of drugs, medicines, compounds and devices used in the diagnosis, treatment, and cure of cancer.

#### Air Pollution

**AB 1368** is an emergency measure requiring the Department of Public Health to develop and publish standards for air quality by February 1, 1960, such standards to reflect the relationship between air pollution and the health of Californians.

Provision is made in **SB 117** for the State Director of Public Health to determine the maximum allowable discharge of pollutants from motor vehicle exhaust which is compatible with the public's health.

#### Foods and Food Preservation

Another urgent measure put into immediate effect is **SB 338**, designed to control the use of food additives. It provides that food shall be considered adulterated if it contains any food additive which is unsafe under Federal law or has been intentionally subjected to nonregulated radiation, or when it contains poisonous or deleterious substances, or has been produced, prepared, packed or held under insanitary conditions. It authorizes the State Board of Public Health to promulgate rules and regulations prescribing the conditions under which food additives may be safely used.

A related bill, **SB 391**, amends certain sections in the Health and Safety Code relating to the manufacture, importation and sale of foods. It outlines conditions under which food shall be considered adulterated, and makes it necessary to refrigerate certain perishable meats, meat products, and processed fresh foods.

**SB 1392** makes it unlawful to sell food which is sealed and labeled as "emergency food pack," "disaster pack" or "civil defense pack" or with language of similar import, unless the label states the contents of the package. The Department of Public Health is authorized to establish regulations for the minimum nutritional values of such packages.

Retail stores displaying bread in a protective wrapping which has one open end are required by **AB 2702** to place the bread on a shelf at least two feet above the floor and with the open end of the wrapping to the inside of the shelf.

**SB 393** expands the definition of "meat and meat products," as used in the provisions regarding canneries, to include any poultry

or poultry products not otherwise subject to inspection.

**SB 337** exempts some carbonated beverages, the ingredients of which have already been fully disclosed to the State Board of Public Health, from certain labeling requirements.

The definition of frozen food locker plants has been changed in **AB 1253**. This bill also provides standards for quick freezing and labeling of frozen food.

#### Radiation

A bill known as the California Atomic Energy Development and Radiation Protection Law—**AB 1403**—has been passed in order to encourage orderly development of atomic production for peacetime uses, eliminate unnecessary exposure of the public to ionizing radiation, and assure the co-ordination of state agency programs in all matters relating to the use of radiation in the State. A position of Co-ordinator of Atomic Energy Development and Radiation Protection has been established in the Governor's Office, as well as a Co-ordinating Committee to assist him. Provision has also been made for an Advisory Council to the Governor. In addition, any person in California possessing a source of radiation must now register with the State Department of Public Health. The Health Department must also keep a record of all licenses and permits issued by the A.E.C. and transmit such information to the co-ordinator and to other state agencies upon request.

An appropriation of \$32,000 is provided (**AB 1404**) for the purposes outlined in **AB 1403**.

#### Rabies

Hunters will be especially interested to know that **AB 643** provides that dogs which are used for hunting, which have been vaccinated for rabies in their county of residence, are not subject to the rabies vaccination requirements of local ordinances outside of their county of residence.

#### Hospitals and Boarding Homes

**SB 572** adds two members to the Hospital Advisory Board, provides that two board members shall be administrators or operators of nursing homes with at least five years experience, and makes other changes.

**SB 956** limits the authority which the State Department of Public Health can delegate to local health departments concerning the regulation of hospitals and nursing homes and requires the local health department, in exercising authority delegated, to conform to statutory requirements and to the rules and regulations of the department.

Operators and employees of children's boarding homes and day nurseries may now have annual tuberculin skin tests to be followed by a chest X-ray only if positive (**SB 270**).

#### Crippled Children Services

By the passage of **SB 737**, provision is made for childhood nephrosis to be diagnosed and treated through the State's crippled children's program, and \$32,000 has been appropriated for this purpose.

**SB 739** authorizes the Department of Public Health to study the feasibility of extending crippled children service coverage to victims of epilepsy, and to establish pilot projects. Appropriated was \$34,965 to con-

duct the study, which terminates June 30, 1963.

#### Child Safety

The safety of children was considered in the passage of **AB 708**, which prohibits the use of a harmful amount of lead in the paint or contents of children's toys.

**AB 2088** requires that polyethylene plastic bags carry a printed warning that such bags may be a hazard to a small child. The entire text of this bill was reprinted in the August 1, 1959, issue of *California's Health*.

The requirements for conspicuous, cautionary labeling of dangerous drugs, poisons, and other hazardous materials are outlined in **AB 1908**.

#### Vital Statistics

**SB 1024** repeals the requirement that the footprints of the child and the fingerprints of the mother be imprinted on the reverse side of the original certificate of birth.

**SB 376** provides that local and state registrars shall make no charge to newspaper representatives to inspect certificates of birth, death, or marriage.

The State Registrar is permitted by **SB 335** to destroy certain original records rather than deposit them in the State Archives.

The fees for copies of certificates and for searching vital statistic records are fixed by **AB 2221** at \$2 for certificates and for search of records at \$2 for each hour or fraction thereof.

#### Other Measures

**AB 286—Use of Water Supplies for Recreational Purposes.** Authorizes a board of supervisors to request that a public water supply be opened to fishing and other recreational uses. Requires that the owning governing agency, upon determining that such uses will not affect purity, either so open the water and surrounding area, or subject the matter to a vote of the people.

**AB 595—Confidentiality of Records.** Requires that all records of interviews procured by the State Department of Public Health, or co-operating agency, in connection with special studies, be confidential insofar as the identity of the individual patient is concerned.

**AB 871—Mosquito Abatement Districts.** Provides that the withdrawal of city territory from a mosquito abatement district be subject to certification by the State Department of Public Health that the city's control program is at least equal to the program of the district.

**AB 879—Use of Fluoroscopes for Fitting Shoes.** Makes it a misdemeanor for any person other than a licensed physician, surgeon, chiropodist, chiropactor, or person practicing a licensed healing art, or a technician working under the immediate supervision of such a person, to operate or maintain any X-ray, fluoroscope, or other equipment employing roentgen rays, in the fitting of footwear or in viewing bones in the feet.

**AB 898—Drugs and Devices.** Makes it unlawful to sell any new drug or device which has not been adequately tested and found to be fully safe for use as prescribed on the label.

**AB 1343—Local Health Districts.** Provides that a local health district may be dissolved by a majority rather than by a two-thirds vote. Repeals the chapter pro-

viding for the organization and operation of local health districts, effective October 1, 1959, but permits existing districts to continue to operate under pre-existing laws.

**AB 1974—Water Pollution.** Extends basic policy statement relative to water pollution and expands and defines powers of State Water Pollution Control Board and regional water pollution control boards.

**AB 2758—Banding Requirements for Parakeets.** Revises banding requirements to require that all parakeets, young or old, be banded if they are being raised for sale or trade; and provides that the State Department of Public Health, in conjunction with the Pet Bird Advisory Council, specify the exact size, color and material to be used for the bands.

**SB 271—Swimming Pool Act.** Expands provisions governing sanitation, health, and safety for public swimming pools, and requires a person proposing to construct a public pool to file a copy of the plans with the local health officer prior to construction. (Discussed in July 15, 1959, issue of *California's Health*).

**SB 865—Addition of Fluorine to Public Water Supplies.** Authorizes a district to add fluorine compounds to the public water supply only if a majority of the voters voting upon the proposition at an election called by the district have voted in favor of doing so.

**SB 1460—Requirement for Operating Ambulances.** Provides that ambulances shall not be used on emergency calls unless the driver or attendant possesses a valid first aid certificate.

## Board Appoints More Consultants And Advisory Committee Members

At their most recent Los Angeles meeting, the California State Board of Public Health approved the appointments of three more consultants to the State Department of Public Health and of one additional member of an advisory committee to the department.

By separate action, the board unanimously approved the appointment of Dr. Marcia Hays as consultant in medical care administration. Dr. Hays was chief of the department's Bureau of Crippled Children Services from 1951 until her disabling attack of paralytic poliomyelitis in 1958. She joined the department May 1, 1944.

Miss Zdenka Buben, Director of Medical Social Service, Los Angeles County Health Department, was appointed consultant to the department's Bureau of Public Health Social Work, and Dr. Bruno Gerstl, Veteran's Administration Hospital, Oakland, was appointed consultant to the department in tuberculosis.

Frank G. Bonelli, chairman of the Los Angeles County Board of Supervisors, was appointed a member of the Rabies Advisory Committee for Region I.



## Hospital Licensing Regulations Revised by Board

Changes in the Hospital Licensing Regulations became effective August 19, 1959. The State Board of Public Health at their July meeting adopted certain revisions in the regulations affecting construction and operation of hospitals, nursing and convalescent homes, and related health facilities licensed by the State Department of Public Health.

The changes were made to provide more specific requirements and to clarify the intent of existing requirements in relation to definition of hospital buildings, standards for nursing personnel and supervision, methods for disposal of infected waste materials, specifications for air conditioning and mechanical or electrical systems, meal service, and certain other phases of operation and construction.

These revisions had been recommended by the State Hospital Advisory Board after a series of public hearings, and the proposed revisions had been reviewed and developed by the State Department of Health with assistance from representatives of the California Hospital Association, the California Council of Architects, the California Association of Nursing Homes, sanitariums, rest homes and homes for the aged, various state departments and other organizations.

The revised regulations are being printed and will soon be available. The department's Bureau of Hospitals will provide information and consultation to hospitals and nursing homes for compliance with the revised regulations.

## Selected Film on Child Life

The Children's Bureau has compiled a new list of films concerned with children, their prospects, and problems. Most of the 300 films are for adults, but a few made for classroom use are included. All the films have been reviewed by Children's Bureau staff and deemed useful to people and organizations in some field concerned with children. However, listing does not imply endorsement by the Children's Bureau.

The catalog includes a directory of distributors, a subject index, and an alphabetical list of films. Copies may be purchased from the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., for 30 cents each.

## Public Health Positions

### Alameda County

A number of positions are open in one of California's largest health departments. This is a consolidated, city-county department, across the bay from San Francisco, covering both urban and rural areas.

**Assistant Health Officer:** Salary range, \$1,048 to \$1,155. To direct the operations of a major program or geographic area. Requires California medical license plus three years public health medical experience, or two years experience and an M.P.H.

**Public Health Medical Officers:** Salary range, \$905 to \$998. To direct administrative unit in the health department. California medical license required, plus one year public health medical experience or one year graduate training in public health.

**Chief Health Educator:** Salary range, \$556 to \$676. Requires M.P.H. plus three years of progressively responsible health education experience. Opportunity for close affiliation with School of Public Health, University of California, Berkeley.

**Public Health Nurse:** Salary range, \$458 to \$530. Generalized program including some home nursing and school nursing. Requires California P.H.N. registration.

**Sanitarian:** Salary range, \$458 to \$530. Generalized sanitation program. California certification required.

## BUREAU OF THE CENSUS RELEASES

### Current Population Reports, Population Estimates, Series P-25:

Provisional Estimates of the Population of the United States, January 1, 1950 to June 1, 1959. (203)

Provisional Estimates of the Population of the United States, January 1, 1950 to July 1, 1959. (204)

### Current Population Reports, Population Characteristics, Series P-20:

Households and Families, By Type: 1950 to 1959. (94)

### Current Population Reports, Special Censuses of California Cities, Series P-28:

Los Angeles: *West Covina* (1250), *Torrance* (1252); San Mateo: *Daly City* (1256).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 1031 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parentheses. These numbers are *not* population figures.

**Dental Hygienist:** Salary range, \$415 to \$505. Requires California registration plus one year in school or health department program.

**Physical Therapist:** \$415 to \$505. To work in cerebral palsy program. California registration is required, plus one year's experience.

For further information about any of these positions, contact Mr. L. Schnayer, Alameda County Civil Service, 188 12th St., Oakland, California.

### Berkeley City

**Psychiatric Social Worker:** Salary range, \$556 to \$644. The Berkeley City Council has authorized a mental health education program to be administered by the City Health Department and financed by local funds. The professional staff will be a part-time psychiatrist, part-time health educator, and full-time psychiatric social worker. The social worker will work directly with the psychiatrist in psychiatric and social work consultation to staff of the health department and local agencies. Requirements are completion of a two years full-time paid experience in social work in a psychiatric setting, at least one year of which was in a supervisory administrative, or consultative, capacity. Closing date for filing, Nov. 6. Apply to the Personnel Director, Room 19, City Hall, Berkeley 4, California.

### Butte County

**Public Health Microbiologist:** Salary range, \$436 to \$542. Requires California certification. Contact Arnold W. Brockmole, M.D., Director, Butte County Health Department, P.O. Box 1100, Chico, California

### Humboldt-Del Norte County

**Public Health Nurse:** Salary range, \$439 to \$549, with advance to second step after six months. County car furnished. Generalized program, including school nursing. Requires California P.H.N. certificate.

**Sanitarian:** Salary range, \$439 to \$549. Generalized program. Requires California certification, preferably with one year's experience in a local health department.

Contact L. S. McLean, M.D., Health Officer, Humboldt-Del Norte County Department of Public Health, P.O. Box 857, Eureka, California.

### Long Beach City

**Public Health Sanitarian:** Salary range, \$439 to \$537. Starting salary depends on background. California certification required. Car furnished. City-paid health insurance, Social Security and retirement plan. Apply to I. D. Litwack, M.D., Health Officer, Long Beach Department of Public Health, 2655 Pine Avenue, Long Beach 6, California.

### Madera County

**Public Health Director:** Salary range, \$905 to \$1,100. The Director will supervise county-wide public health services for a population of 40,000. The county's 2,148 area includes both mountain regions and rich agricultural valleys. Position offers professional growth, particularly in the fields of environmental sanitation and disease control. M.D. degree, graduate work in public health, and license to practice in California are required, plus at least two years' full-time experience in public health work. Write Administrative Officer, Courthouse Annex, Madera, California, giving summary of qualifications.

### San Diego County

**Psychiatrist:** Salary range, \$534 to \$590 for 20-hour work week; 10 percent higher if

certified by American Board in Psychiatry and Neurology. To direct alcoholic rehabilitation program in community out-patient clinic. Involves diagnosis, treatment, rehabilitation, evaluation and follow-up of voluntary patients. Staff includes three psychiatric social workers. California medical license required, and eligibility for certification by American Board of Psychiatry and Neurology.

**Public Health Analyst:** Salary range, \$483 to \$587 for a Public Health Analyst I; \$587 to \$713 for a Public Health Analyst II. Responsibilities include assisting with planning and co-ordinating the statistical activities, serving as the department technical consultant in methods development, and collecting, compiling, and interpreting data. Requirements for PH Analyst I; bachelor's degree, with at least one year of recent experience in technical PH statistical or biostatistical work. Requirements for PH Analyst II are the same, but with three years' experience. A year of graduate study may be substituted for one year's experience in either case.

For information or applications for any of these positions, contact the Department of Civil Service and Personnel, Civic Center, San Diego.

#### **Solano**

**Assistant Health Officer:** Salary range, \$745 to \$905. Board may permit hiring at second step. Duties to include V.D. work, immunizations, well baby clinics, skin testing, some administrative and community work. State retirement and Social Security benefits. For further information, write or call Henry G. Mello, M.D., Health Officer, Vallejo and Solano County Department of Public Health, 228 Broadway, Vallejo, California.

#### **Yolo County**

**Public Health Social Worker:** For three-year research project. Salary range, \$455 the first year, \$478 the second, and \$502 the third. The study will be a demonstration of public health social work in the maternal and child health program of a local health department, the work to consist of consultation and direct casework. Master's Degree in

### **Department Participates In Child Health Study**

At the request of the California Academy of Pediatrics, the Bureau of Maternal and Child Health of the State Department of Public Health is participating in a study of child health services in seven counties of California. This is being done in preparation for the 1960 White House Conference on Children and Youth and as a follow-up of the Academy of Pediatrics 1946 survey of child health services.

Information is being collected by questionnaire from selected physicians in Fresno, Orange, San Benito, San Francisco, San Mateo, Santa Clara and Shasta Counties, and all hospitals in the seven counties serving children are being asked to complete questionnaires. The bureau is collecting data from the health departments of these seven counties on population, socioeconomic status, health and health services, child welfare services, juvenile delinquency services, and major problems in child health.

Material from these counties will be used as a supplement to the Child Health Fact Book being prepared by the State Department of Public Health and the Academy of Pediatrics as the basis for the California Report to the 1960 White House Conference on Children and Youth.

social work required. A car is required and mileage allowed. For further information, write to Herbert Bauer, M.D., Yolo County Health Department, Woodland, California.

### **Hearing Defects Head List Of Physical Impairments**

According to a recent report by the U. S. Public Health Service of the National Health Survey covering the Fiscal Year 1958, hearing defects rank first among physical impairments. They affect one out of every 20 persons in the ages 45-64; one out of eight in ages 65-74, and one out of four aged 75 and over. Visual impairments affect one out of 40 in the ages 45-64; one out of 13 in the ages 65-74; and one out of six aged 75 and over.

Since these estimates are based on the National Health Survey household interviews, they are probably minimal figures—particularly with such items as hearing and vision defects. These impairments are serious enough that the persons affected and their families are aware of them and willing to admit them to the interviewer. Many unknown cases might be discovered on screening or examination of the population.

It should be kept in mind that these prevalence estimates do not include impairments of persons confined to institutions.

### **National Health Survey Data**

*Health Statistics from the U. S. National Health Survey—Disability Days, United States, July, 1957—June, 1958*, Public Health Service Publication No. 584-B 10, 68 pp., is now available from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at 40 cents a copy.



li  
P  
a  
g  
e  
b  
P  
a  
in  
e  
c  
fi  
to  
p  
o  
la  
w  
se  
a  
d  
g  
v  
re  
ic  
se  
p  
be  
ci  
an  
or  
of  
w  
av  
fo  
ha